

Why has it only become an issue now? Young drug users' perceptions of drug driving in Melbourne, Victoria

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‘Why has it only become an issue now?’

Young drug users’ perceptions of drug driving in Melbourne, Victoria

Preliminary research into drug-user perceptions of drug driving was undertaken with a sample group of drug users aged 18 to 24 from Melbourne, Victoria. Eleven males and nine females participated in semi-structured interviews and completed self-report surveys. Participants discussed their drug driving and their perceptions of the likelihood of detection by police for drug driving. This research provides further insight into young people’s perceptions and behaviours in relation to drug use and driving. The perspectives of young people are rarely included in current drug-driving debates and may have possible implications for policy development.

by Laura Ann Wilson
& Dean Wilson

Drug driving is a term used to describe the activity of operating a motor vehicle or heavy vehicle while under the influence of illicit and/or prescription drugs (Davey et al. 2005). Epidemiological research has provided interesting information regarding the prevalence of drug driving (Silber et al. 2005; Kuypers et al. 2007). For example, studies using quantitative methodologies, such as self-report surveys and written questionnaires, among mainly drug-using populations have revealed that it is very common for drug users to engage in drug-driving activity or be passengers in cars with drug drivers (Albery et al. 2000; Poyser et al. 2002; Degenhardt et al. 2004; Jones et al. 2005; Furr-Holden et al. 2006).

There is also limited literature that examines the prevalence of drug driving within the general population. In an Australia-wide study of the general public aged 16 years and over, it was found that 16.9% of respondents had driven a car while under the influence of illicit drugs (Mallick et al. 2007). However, according to the 2007 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2008), only 2.9% of survey respondents reported driving a motor vehicle while under the influence of illicit drugs. Indeed, there remains limited and inconsistent data regarding the prevalence of drug driving within the general community (Kelly, Darke & Ross 2004; Davey et al. 2005; Mallick et al. 2007).

Research has also provided insight into how some drugs may impact upon driver behaviour (Kelly, Darke & Ross 2004; Mallick et al. 2007). However, data from various experimental drug-

driving studies have proven inconclusive as to the exact effect drugs have on driver performance (Aitken, Kerger & Crofts 2000; Danton et al. 2003; Kelly & Dillon 2005; Adams, Smith & Hind 2008). In contrast, there is widespread consensus among researchers that alcohol significantly and adversely affects driver performance (Kelly, Darke & Ross 2004; Ronen et al. 2008; Matthews et al. 2009). Research into drunken driving has informed legislative changes and the development of law enforcement strategies to deter drunk driving (Starmer & Mascord 1994; Homel 1988; Boorman 2007; Watson & Walsh 2008). As a result, there has been a gradual change in Australian cultural norms in relation to drink driving (Wilson 2009).

Despite the absence of a clear scientific consensus regarding the risks of drug driving (Aitken, Kerger & Crofts 2000; Danton et al. 2003), it is considered a significant social problem (Armstrong, Wills & Watson 2005). Governance and policy responses have been to increase surveillance, control and punishment of drug drivers. The *Road Safety (Drug Driving) Act 2003* (Vic) s55D, s55E was enacted to allow police the power to request that drivers undergo a random roadside drug swab test (RRDT) in a similar process to Random Breath Testing (RBT) (Boorman 2007). In most Australian policing jurisdictions RRDT is now used to detect and deter drug drivers (Lenné 2007). Although referred to as “random”, RRDT is targeted in its approach (McDonald 2009). Police generally operate on main roads and in entertainment precincts where heavy-vehicle drivers, club and rave patrons and young people are driving. The targeting of these groups is most likely based upon the identification of certain groups of people as being more inclined to drug drive (Drugs and Crime Prevention Committee 2003).

Road safety experts and police have long held that young drivers, particularly young male drivers, pose a significant risk on Australian roads (Vick 2003, 2005) and are overrepresented in road traffic crashes (Starmer & Mascord 1994; Walker, Butland & Connell 2000; TAC Safety 2009). The popular belief that young drivers are reckless is reinforced through images perpetuated by the media.

Sensationalised reporting serves to enrage the public and encourage both the overpolicing of young people and calls for harsher penalties for deviant behaviour (Graham & White 2007). It is often suggested that young drivers, particularly young male drivers, disproportionately engage in risky driver behaviour (including “hooning”), street racing, and drug and drink driving (Graham & White 2007). As a result, young drivers, specifically young male drivers, are often the target of road safety education, advertising (Vick 2003) and law enforcement by police.

In Victoria, young male recreational drug users have been specifically targeted in drug-driving education advertisements, because young males are believed to be a high-risk group. However, despite the deliberate targeting of young drivers, specifically young male drivers, in road safety education, the question remains as to whether the road safety message is being internalised by the target audience. Vick (2003) argues that campaigns that aim to educate young people, particularly young males, about driver safety are largely unsuccessful. This is due to the campaigns’ failure to understand the role that cars play in Australian (male) youth culture (Vick 2005).

For many young people, cars provide freedom of movement, socioeconomic status, a recreational outlet and private space (Hartig 2000; Dawes 2001; Carney 2008). In Australia, obtaining a driver’s licence and buying the first car is a “rite of passage” that symbolises entry into adulthood and marks the start of a transitional phase in which young people are seen to develop aspects of control (Hartig 2000; Redshaw 2005; Graham & White 2007; Carney 2008). A driver’s licence and a car provide many young people with feelings of independence, power and revised identity. They also facilitate sociability (Hartig 2000; Graham & White 2007) and entertainment (Rothe 1994) and provide the young person with private space away from the gaze of family, parents and other influential adults (Hartig 2000). It has been suggested that young cannabis users who still live with their parents often use cars as a space to smoke in away from parents and authorities (Aitken, Kerger & Crofts 2000; Danton et al. 2003; Davey et al. 2005).

Qualitative research into drug driving reinforces quantitative findings that the car plays a vital role in many drug users' experiences (Davey et al. 2005; McIntosh, O'Brien & McKeganey 2008). For example, the car is viewed by many drug users as a safe and private space in which to prepare and use drugs, as well as providing transport for the acquisition of drugs (Aitken, Kerger & Crofts 2000; Davey et al. 2005; McIntosh, O'Brien & McKeganey 2008).

Several studies also report that drug users believe they are unlikely to make contact with police when drug driving (Lenton & Davidson 1999; Neale 2001; Danton et al. 2003; Davey et al. 2005; McIntosh, O'Brien & McKeganey 2008) and that punishment for drug driving is minimal (Armstrong, Wills & Watson 2005). Indeed, it has been argued that the implementation of RRDT in Australian policing jurisdictions has had no deterrent effect on drug drivers (McDonald 2009). Hall & Homel (2007) and McDonald (2009) agree that there is an absence of unequivocal scientific evidence that RRDT has saved lives or reduced road trauma. There remains a section of the community that continues to engage in drug driving despite the risk of detection from police in the form of RRDT (Lenné 2007).

Existing research provides a solid foundation on which to build a body of knowledge regarding young drug users' perceptions of drug driving, and there is a demand for current qualitative Australian research that engages with the attitudes and perceptions of young drug users. Young people who use drugs are frequently the target of road safety initiatives; however, they remain largely marginalised within policy debates. This preliminary research provides further insight into young people's perceptions and behaviours in relation to drug use and driving, and forms part of a larger qualitative research project on drug driving. This paper aims to provide the perspectives of a sample group of people who are rarely included in current drug-driving debates. The research provides new knowledge that will increase researchers' understanding of drug driving, and the findings may also have implications for future research and policy directions.

Methodology

This study recruited 20 participants (11 males and 9 females) who were current drug users aged between 18 and 24. The sample size was kept small as this number was sufficient to produce a significant amount of reliable data that would easily reach saturation point (Cresswell 1998). Saturation point is when the data begins to reproduce itself or enough data has been found (Cresswell 1998). The average age of participants was 22.5 years and the participants typically held either an open driver's licence or were on their learner's or probationary licence. Participants qualified for selection if they had used drugs in the past year.

Recruitment was via snowball sampling, which is a form of non-probability sampling (T. May 2001). The snowball sampling technique involved making contact with potential participants (Group A), who were already known to one of the researchers, via informal social networks (Davey et al. 2005, p.64). Potential participants (Group A) were approached with an information package, which they were able to keep to peruse at their leisure. They were also asked if they would be prepared to make the project known to others in their social networks who they thought might be interested in participating and who fitted the participant criteria (Group B) (T. May 2001, p.132). Potential Group B participants who were interested in the project contacted one of the researchers to discuss their possible involvement.

Participants took part in semi-structured interviews and completed a short self-report questionnaire, which was developed for the current study, in relation to their drug use and driving habits. The questionnaire was an appropriate measure as it encouraged the triangulation process, that is, the use of two or more different measures of the same variable. Triangulation is important in order to strengthen measurement, particularly when researching behaviour that is socially undesirable, stigmatised or illegal (Bachmann & Schutt 2007). The questionnaire and semi-structured interviews were conducted between 26 May 2008 and 28 May 2009. Ethics approval was granted by the Monash University Standing Committee on Ethics in Research Involving

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Humans (SCERH). Individual interviews were conducted and the surveys administered at an agreed time in a group study room in a university library. The research took a maximum of 1.5 hours per interviewee. Participants' real names are not used in this paper.

There are possible limitations involved in a research project of this kind that need to be acknowledged. One limitation is that the data collected from the sample group recruited via informal social networks does not consider the experiences and opinions of people outside the networks from which participants were selected (T. May 2001). Furthermore, as the number of participants selected for this research is small, it cannot be considered to be completely representative of all young people, drug users or drug drivers in general (Davey et al. 2005). However, the data presented do provide an insight into the attitudes and perceptions of a sample group of drug users aged between 18 and 24 in Melbourne. In order to protect the identity of participants, real names have not been used. However, culturally appropriate pseudonyms have been assigned to the participants.

The normalisation of drug use

It has been suggested that drug use has become a normalised part of everyday life because the proliferation of images and references to drug use has become an integral part of popular culture and consumer leisure landscapes (Huggins 2007). In this research, all participants viewed drug use and experimentation as an accepted, normal and common experience

among young people. Table 1 outlines participants' self-reported lifetime drug use. The three most commonly used drugs were cannabis, methamphetamines and ecstasy. Cannabis in particular was considered a normal drug to experiment with, and most participants had smoked cannabis as teenagers. Cannabis had been used at least once by all participants. This finding reflects suggestions that cannabis is the most commonly used illicit drug in Australia, and that increasing numbers of young people commence cannabis use in their teenage years (Copeland et al. 2006).

Ecstasy and amphetamines were the next most commonly used drugs and were reported to have been used at least once by 18 participants and 16 participants respectively. Poly-drug use (combination drug use) was commonly reported by all participants, and pharmaceutical drug use (Xanax, Valium, pseudoephedrine) for recreational purposes was reported by 14 participants. Drug experimentation was considered a routine aspect of youthful leisure. Paul, aged 24, reflected: "God, it's comparative to sexual experience, it's a part of growing up. It's learning. It's educational". Drug use usually took place at private parties, clubs, festivals and rave events. Participants commonly reported using cannabis, ecstasy and/or amphetamines every few weeks. However, it should be noted that certain participants reported much higher levels of cannabis use. Drug use was associated with work, personal relaxation, social events, celebrations and general drug experimentation experiences. This finding reflects the assertion that illegal drug consumption has become a recreational pursuit for many young people, and that illicit drug use is increasingly being adopted by the general youth population (South 1999; Parker, Williams & Aldridge 2002).

Cars and drugs

Many participants reflected on the importance of cars as a form of transport, a mechanism for independence and a private space. Participants noted that cars are often used as transport to and from social events, particularly in situations where there is limited reliable and affordable public transport. In Melbourne, a lack of public transport options after midnight (Duff & Rowland 2006) and expensive taxi fares have

TABLE 1 Self-report lifetime use of drugs

Drug type used	Total N=20	Males N=11	Females N=9
Cannabis	20	11	9
Methamphetamines	16	11	5
Ecstasy	18	11	7
Cocaine	15	10	5
Hallucinogens	10	8	2
Ketamine	7	6	1
Heroin	4	4	0
Inhalants	4	4	0
GHB	0	0	0

also contributed to the increasing number of young people drug driving. In addition, rave events are held in regional areas where there are limited or no public transport options (Duff & Rowland 2006). Hence, cars played a vital role in many participants' social leisure pursuits and provided feelings of independence and mobility. Hannah, aged 19, explained: "The last festival I went to ... I got my licence like three days before, so the car was definitely central". For some participants, having access to a car played a vital role in the purchasing and delivery of drugs, making the process of acquiring drugs quicker, easier and less stressful. Pearce, aged 24, reflected:

Many times I've used cars to run over and get drugs ... a dealer may live a certain distance away or you might have to get out of the house and back again before anyone notices that you've gone or you might not want the whole experience of getting the drugs to be too stressful.

Participants who had attended rave events reflected on the use of cars and car parks as spaces where illicit drugs were both bought and sold. Julian, aged 24, recollected the frequent gatherings of people in car parks at rave events and warehouse parties:

I remember a lot of the times ... the big warehouses had large car parks and you'd go to the car parks and everyone's all doing drugs in the car parks and doing deals.

Other participants reflected that cars provided a private and safe space for the preparation and consumption of drugs. Paul noted:

It is quite common and funny to have a compression session [smoke cannabis] in a car or to snort lines [of amphetamines] off the dashboard or snort lines off the Melways. The car is kind of like a safe space where you can go and listen to music or make out with someone. It is a really common place to take drugs.

Cars were also viewed as a comfortable, safe and private place to chill out. Hannah reflected on the comfort of the car at a recent festival event she had attended: "I smoked a lot of weed in the car just because it was warmer". Pearce agreed:

The car is like a little refuge, it is a little private space which you can retreat to. You might need to go sit with a friend because they are a bit anxious and might need to talk about something when they're high or something like that.

It is evident that cars and car parks are used as meeting places to buy and consume drugs at large events. Cars also provide transport to events and a private refuge to temporarily escape the excitement of large gatherings. However, it was also found that many participants had used drugs in cars in settings away from festivals or rave events. Many participants reflected on using cannabis in cars, particularly when teenagers. Hannah suggested that cars are an excellent place to smoke because, "you close all the windows and you get really stoned". Many participants reported that cars are used as secluded locations to smoke, away from the gaze of parents and police. Nicola, aged 23, reflected upon the practice of smoking cannabis in cars:

We lived at home so we couldn't do it [smoke cannabis] at home ... we would always go park at the beach or somewhere remote where we couldn't be found.

Similarly, Ari, aged 23, said:

We would drive around because no one had [their own] place and we would go down say North Road Beach to the boat ramps and have a smoke ... sometimes we would just drive straight to the beach because it was a beautiful sunset and you don't want to be all cooped up and other times we would roll up a joint or two in the car and have a smoke.

Timothy, aged 24, also enjoyed smoking with friends in the car:

A couple of mates down on a Friday night down that boulevard area along the Yarra and it may be sunset and you drive down there and you park the car down there, roll a joint in the car and then watch the river and the sunset and smoke the doob [cannabis joint] and then probably go out for a drink after that.

It is clear that cars play a key role in many participants' lives. They provide a safe environment to prepare and consume drugs, as well as transport to purchase and deliver drugs and transport to and from social events. This

finding is supported by Davey et al. (2005) who found that cars play an integral role in the lives of both dependent and recreational drug users.

Drug driving

Table 2 demonstrates the results of the self-report survey data pertaining to participants' self-reported drug-driving behaviour. This quantitative data revealed that 12 of the participants had driven a car under the influence of illicit drugs at least once. The three most common drugs reported by participants to have been used either several hours or immediately prior to, or while, driving were cannabis, ecstasy and methamphetamines. Participants also reported having driven under the influence of combinations of drugs, usually ecstasy and cannabis or ecstasy and methamphetamines. Participants' drug driving ranged from a one-off occasion to an everyday experience for some daily cannabis users.

Seventeen participants also reported having been passengers in cars with drug drivers, most of whom had been using cannabis, ecstasy and/or methamphetamines. Many participants who had drug driven or been passengers in cars with drug drivers expressed comfort with the idea of being a passenger in a car with a drug driver who was both an accomplished driver and an experienced drug user and drug driver. Participants felt that a person who satisfied all these criteria would be completely capable of controlling a vehicle when under the influence of an illicit drug. Participants did not think that drug driving was a learned skill. Rather some participants believed that good driving in general and defensive driving are learned skills that if mastered can contribute to the individual's ability to drive while under the influence of drugs. Pearce explained:

I think that defensive driving is a learned skill. I think that if you are going to drive under the influence of drugs then you must be a defensive driver. You must be very cautious ... you've got to be very mindful of what you are doing ... when I am driving on drugs I feel very alert and I am absorbed by what I am doing ... I could very well be distracted by what is going on and who's in the car and engaged in the conversation or something. So it's not a learned skill, but it is something that requires attention and you need to be very careful.

The data collected from the participants suggest that they thought through their assessment of both their own impairment and other drivers' impairment. Adam, aged 24, said:

... I know my limits definitely. I know what I am able to drive on. I know how far I can drive in that state. For example, a couple of weeks ago I was on acid [hallucinogen] and we had a bonfire out the back of my friend's place and I really wanted marshmallows and I decided ok I am in a good enough state to go down to the Seven Eleven to buy marshmallows to roast on this fire – it was a five-minute drive.

Participants also commented on the distinctions between the effects of certain drugs and the perceived risks that may be involved in driving on these drugs.

Most participants agreed that drug driving is to some degree risk-taking behaviour and that certain drugs are not safe to drive on. However, individual participants perceived different drugs to be unsafe and inappropriate to drive on, largely in relation to the effects of certain drugs on them personally, their own enjoyment of the effects of these drugs and their perception of their ability to drive under the effects of these drugs. Justin, aged 24, stated: "Heroin, mushrooms, LSD: no-one should drive on those". Several participants believed that amphetamines are dangerous drugs to drive on as they make the user's thought processes scattered and too fast, and thereby diminish his or her ability to drive safely. However, other participants asserted that a small amount of amphetamine assisted in keeping them alert and focused on their driving. Nicola said: "Say I am getting sleepy I would have another line [of amphetamines] for the drive home". Furthermore, for daily cannabis users there was a belief that to drive stoned was best in order to drive effectively and avoid accidents. Adam stated: "I use it [cannabis] every day. I am accustomed to it. Without it I would be worse off".

It should also be acknowledged, however, that two participants, who had not drug driven or been passengers in the car of drug drivers, strongly asserted that they would never engage in drug driving under any circumstances due to physical safety concerns. Katelyn, aged 18, said:

“It is not worth it. Stupid, it’s just silly we just know not to do it”.

Data collected from the participants suggest that participants make calculated risk assessments of both their own impairment and other drivers’ impairment. It is clear that there were mixed perceptions among the participants in regard to the perceived risks involved in drug driving. However, the participants who had experienced drug driving perceived such behaviour as relatively normalised in situations where drug use occurs. This finding is consistent with research conducted by Lenné et al. (2001), Davey et al. (2005) and Duff and Rowland (2006) which found that drug driving is viewed as a normalised activity within some groups of drug users.

Perceptions of Random Roadside Drug Testing

A key theme to emerge from the interviews was the extent to which participants agreed on the likelihood of detection by police while drug driving. Participants overwhelmingly reported that prior to the introduction of RRDT they felt there was no likelihood that they would be detected by police when drug driving. They explained that prior to RRDT, their only concern was encountering a RBT site. Many participants reported that prior to RRDT, “designated drivers” would often not consume alcohol, but would engage in drug use.

However, most participants believed that since the introduction of RRDT the possibility of being detected for drug driving did exist but, on the basis of anecdotal evidence, they believed this possibility was small. Participants acknowledged that the introduction of RRDT was a necessary measure in order to ensure general road safety. Some participants suggested that a 0.05 limit for cannabis use could be introduced. Adam, suggested:

Even if they make some kind of gauge. Like maybe two spliffs every hour and drive or ... I mean you have some kind of line as to what is a limit.

Nevertheless, some participants expressed suspicion as to why the tests had not been brought in earlier given that RBT for alcohol has been in place for many years. Lisa, aged 20, stated:

TABLE 2 Participants’ self-reported drug driving by drug type

Drug type	Total N=12	Males N=8	Females N=4
Cannabis	10	7	3
Ecstasy	10	7	3
Methamphetamine	7	5	2
Cocaine	5	4	1
Hallucinogens	2	2	0
Ketamine	3	3	0
Heroin	0	0	0
Inhalants	1	1	0
GHB	0	0	0

You have been breathalysed forever but they have only just started drug testing now, why has it only become an issue now? Are more people taking drugs? Or is it just because they have only just come up with the new technology?

Furthermore, some participants believed RRDT was implemented on the basis of moral opposition to drug use rather than unequivocal evidence that drug driving is dangerous. Pearce commented:

I don’t believe that studies conclusively say that people under the influence of amphetamines are impaired in their driving ... so I don’t think that it is based solidly enough on data ... yes I think that it is moral. I think that it has probably been implemented because they figured that it was something that the broad population would see as being quite legitimate ... I think they knew that they were going to get it [legislation] through and it was imposed just because those people who want to stamp out drug use and so this is just one of the ways of sending a message to society that drug use is unacceptable.

Conclusion

This exploratory research has examined the issue of drug driving from the perspectives of a sample group of drug users aged 18 to 24 in Melbourne, Victoria. The data collected in this preliminary research may not be representative

Drug driving is viewed as normalised behaviour for some young drug users who engage in drug driving, either as drug drivers and/or passengers in cars driven by drug drivers.

of all young people or drug users in general. However, tentative conclusions and several important observations can be made from the data collected.

It is clear that cars provide important spaces for privacy for some young people. Among the sample group of young drug users, cars facilitate the purchase, preparation and use of drugs in some situations. It can be tentatively suggested that drug driving is viewed as normalised behaviour for some young drug users who engage in drug driving, either as drug drivers and/or passengers in cars driven by drug drivers. It can be suggested that young drug users engage in calculated risk-taking behaviour. Nevertheless, drug driving is not universally normalised by all young people, which is evident in the varied perceptions among the participants in regard to the perceived level of physical risk involved in drug driving.

It is of further interest to note that the introduction of RRDT was perceived as broadly legitimate in terms of general road safety. However, the legitimacy of RRDT remains fragile and contested. Indeed, the absence of compelling empirical data to support the assertion that drug driving poses a major risk, coupled with the perception that RRDT is a moral campaign against drug users, may prevent RRDT being seen as completely legitimate by some drug users. It is interesting to consider that when RBT was first introduced in Victoria in 1976 it was initially resisted by both the public and sections of government (Senate Standing Committee on Social Welfare 1977; Homel 1988; Finnane 1994; Boorman 2007). However, RBT gained public support upon the basis of unequivocal scientific evidence proving that alcohol significantly affects driver performance coupled with successful education campaigns (Finnane 1994; Armstrong, Wills & Watson 2005).

Perhaps then, the reason why the anti-drug-driving campaign has not been completely effective is that it fails to understand that the target audience remains to be convinced that there is compelling scientific evidence that drug driving constitutes a significant risk. Therefore, it can be suggested that in order for there to be a shift in cultural norms regarding drug driving, as there has been with drink driving,

the legitimacy of RRDT needs to be further established.

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Youth matters / Drug, alcohol & driving issues

Youth research volunteers for young driver research

Published: 2010-02-09

Youth Action & Policy Association (NSW) Inc (YAPA) and the University of Technology, Sydney (UTS) are collaborating on a new project – Driving You Crazy –Young Driver Research Project. As part of the project, four youth research volunteers (age 16–24) will be recruited from four areas across NSW:

<http://www.cnet.ngo.net.au/content/view/46527/228/>

'Kids and Alcohol Don't Mix' phase two campaign launched at Parliament House

Published: 2009-11-25

DrinkWise Australia, in association with the alcohol industry, launched the second phase of its campaign called 'Kids and Alcohol Don't Mix' aimed at combating binge drinking by young people in Australia:

<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr09-nr-nr214.htm>

<http://www.drinkwise.com.au/Home.aspx>

Drinking Nightmare Campaign

Published: 2010-01-07

New research finds the campaign has achieved strong awareness among young people between the ages of 15 and 25, and parents of 13- to 17-year-olds:

<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr09-nr-nr244.htm?OpenDocument&yr=2009&mth=12>

<http://www.health.gov.au/internet/drinkingnightmare/publishing.nsf/Content/research>

NSW govt urged to pulp youth drug guide

Published: 2010-01-13

A controversial drug guide for young adults has been pulped, opponents claim it sends the wrong message by encouraging illicit drug use:

<http://news.smh.com.au/breaking-news-national/nsw-govt-urged-to-pulp-youth-drug-guide-20100112-m3jn.html>



Complete 'Youth matters' for March YSA online at: http://acys.info/journal/index/2010_v.29_n.1/YM